

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 3  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00473918	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>SKD Knickerbocker</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>		
Mailing Address 1150 18th Street NW Ste 800			Amount <b>37991.75</b>		
City Washington	State DC	Zip Code 20036	Transaction ID : <b>SE-6209</b>		
Purpose of Expenditure TV Production		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1782234.95</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>SKD Knickerbocker</b> Estimate			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>		
Mailing Address 1150 18th Street NW Ste 800			Amount <b>15225.00</b>		
City Washington	State DC	Zip Code 20036	Transaction ID : <b>SE-6210</b>		
Purpose of Expenditure TV Production & Online Placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Thom Tillis		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>1782234.95</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>53216.75</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 16 / 2014**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 3  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN VOTE!</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00473918       </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The New Media Firm</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 16 / 2014</div> </div>		
Mailing Address 1730 Rhode Island Avenue, NW Ste 213			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">155122.35</div>		
City Washington	State DC	Zip Code 20036	<b>Transaction ID : SE-6206</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 09 / 2014</div> </div>		
Purpose of Expenditure Radio Buy		Category/ Type	Name of Federal Candidate Scott Brown		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>The New Media Firm</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 16 / 2014</div> </div>		
Mailing Address 1730 Rhode Island Avenue, NW Ste 213			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">40877.65</div>		
City Washington	State DC	Zip Code 20036	<b>Transaction ID : SE-6207</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 09 / 2014</div> </div>		
Purpose of Expenditure Online Placement & Production		Category/ Type	Name of Federal Candidate Scott Brown		
		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">196000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY

10 / 16 / 2014

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

PAGE	3	OF	3
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full)  
**WOMEN VOTE!**

FEC IDENTIFICATION NUMBER ▼

**C** C00473918

Check if ☒ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

M M M	/	D D D	/	Y Y Y Y Y Y

Full Name of Payee  
**The New Media Firm**

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Mailing Address 1730 Rhode Island Avenue, NW  
Ste 213

Amount

				4000.00
--	--	--	--	---------

City State Zip Code  
Washington DC 20036

Transaction ID : SE-6208

Date of Disbursement or Obligation

Purpose of Expenditure  
Radio Ad Production

Category/  
Type

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Name of Federal Candidate  
Scott Brown

☐ Support  
☒ Oppose

Office Sought: ☐ House District: \_\_\_\_\_  
☐ President ☒ Senate State: NH

Calendar Year-To-Date  
Per Election for Office Sought

				200000.00
--	--	--	--	-----------

Disbursement For: ☐ Primary ☒ General  
2014 ☐ Other (specify) ►

Full Name of Payee

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount

--	--	--	--	--

City State Zip Code

Date of Disbursement or Obligation

Purpose of Expenditure

Category/  
Type

M M M	/	D D D	/	Y Y Y Y Y Y

Name of Federal Candidate

☐ Support  
☐ Oppose

Office Sought: ☐ House District: \_\_\_\_\_  
☐ President ☐ Senate State: \_\_\_\_\_

Calendar Year-To-Date  
Per Election for Office Sought

--	--	--	--	--

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ►

(a) SUBTOTAL of Itemized Independent Expenditures..... ►

				4000.00
--	--	--	--	---------

(b) SUBTOTAL of Unitemized Independent Expenditures ..... ►

--	--	--	--	--

(c) TOTAL Independent Expenditures..... ►

				253216.75
--	--	--	--	-----------

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

M M M	/	D D D	/	Y Y Y Y Y Y
10		16		2014

Signature